

Request to purchase Kentucky Public Use Data Sets
Please complete all areas shaded in blue.



1. Individual requesting public use data set(s)		
<div></div>		
NAME		
<div></div>	<div></div>	
E-MAIL ADDRESS	PHONE NUMBER	
<div></div>		
ORGANIZATION NAME		
<div></div>		
ADDRESS (where data sets will be mailed)		
<div></div>	<div></div>	<div></div>
CITY	STATE	ZIP

2. Specify the years for each data sets requested. The price for data set (outpatient or inpatient) is \$1,500.									
<table border="1"><tr><td>Inpatient</td></tr><tr><td>Available years: 2000 - 2018</td></tr><tr><td><div></div></td></tr></table>		Inpatient	Available years: 2000 - 2018	<div></div>	<table border="1"><tr><td>Outpatient</td></tr><tr><td>Available years: 2000 - 2018</td></tr><tr><td><div></div></td></tr></table>		Outpatient	Available years: 2000 - 2018	<div></div>
Inpatient									
Available years: 2000 - 2018									
<div></div>									
Outpatient									
Available years: 2000 - 2018									
<div></div>									
Total data sets requested		<div></div>	X \$1,500 = <div></div>						

3. Please mail this completed form, a completed Agreement for Use of Kentucky Health Claims Data and your remittance made payable to Kentucky State Treasurer to:
Kentucky Cabinet for Health and Family Services Allison Lile Office of Health Data and Analytics 275 East Main Street 4W-E Frankfort, KY 40621